



## **CLEVELAND POLICE DEPARTMENT AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

I, \_\_\_\_\_, do hereby authorize a review of all records concerning myself to any duly authorized agent of the Cleveland Police Department, whether said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of education institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statement and reports wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaint or grievances filed by or against me and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Cleveland Police Department, or participation in activities of the Cleveland Police Department, or may be used in investigations conducted by the Cleveland Police Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Cleveland Police Department from any and all liability which may be incurred or as a result arise from the collection of such information,

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not bear an original writing of my signature.

I have read and full understand the contents of the above "Authority For Release of Information and Records".

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name (Last-First-Middle Initial)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature